

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Name (print) Nevada Org. of Growth Opponents Office (if applicable) _____ District (if applicable) _____
 Mailing Address (include city and zip code) P.O. Box 13009 Reno NV 89507 Telephone No. 322-8207
 E-Mail Address _____

Select Appropriate Box(es) ☐ CANDIDATE ☒ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ AMENDED ☐ ANNUAL FILING

☐ **Annual Filing - Due January 15, 2004**
 Period: January 1, 2003 - December 31, 2003

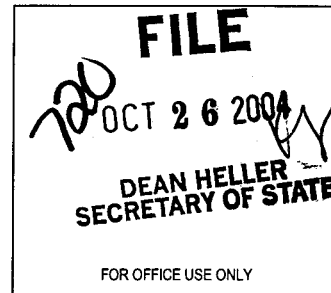
☐ **Report #1 - Due August 31, 2004**
 Incumbents in an Office with a 4-year term Period: Jan. 5, 2001 - Aug 26, 2004
 Incumbents in an Office with a 6-year term Period: Dec. 20, 1998 - Aug 26, 2004
 All others Period: Jan. 1, 2004 - Aug. 26, 2004
 Ballot Advocacy Groups (BAGs) only: Period: Dec. 5, 2002 - Aug 26, 2004

☒ **Report #2 Due - October 26, 2004**
 Period: Aug. 27, 2004 - Oct. 21, 2004

☐ **Report #3 Due - January 15, 2005***
 Period: Oct. 22, 2004 - Dec. 31, 2004
 BAGs only: Period: Oct. 22, 2004 - Dec. 5, 2004

☐ **Annual Filing - Due January 15, 2005**
 Period: January 1, 2004 - December 31, 2004

* Third Report suffices for 2005 Annual Filing if candidate also filed Report Nos. 1 and 2



CONTRIBUTIONS SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 through End of This Reporting Period
1. Total Monetary Contributions Received in Excess of \$100	716 ⁴⁰	716 ⁴⁰
2. Total Monetary Contributions Received of \$100 or Less	25 ⁻	25 ⁻
3. Total Amount of Monetary Contributions Received (Add Lines 1 and 2)	741 ⁴⁰	741 ⁴⁰
4. Total Value of In Kind Contributions Received in Excess of \$100	0	0

EXPENSES SUMMARY

	This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period
5. Total Monetary Expenses Paid in Excess of \$100	716 ⁴⁰	716 ⁴⁰
6. Total Monetary Expenses Paid of \$100 or Less	0	0
7. Total Amount of All Monetary Expenses Paid (Add Lines 5 and 6)	716 ⁴⁰	716 ⁴⁰
8. Total Value of In Kind Expenses in Excess of \$100	0	0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Signature Wm. S. Hamma, Rep. Agent

Date 10/25/04

CAMPAIGN CONTRIBUTIONS

Report Period #2

NEU. ORG. OF GROWTH OPPONENTS

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
Wm. S. Hamma P.O. Box 13001 Reno NV 89501	10/18/04	156 ⁴⁰	✓
Same	10/21/04	560. -	✓

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CAMPAIGN EXPENSES

Report Period **#2****NV ORA OF GROWTH OPPONENTS**

Name (print)

Office (if applicable)

District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	K

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

Report Period #2

District (if applicable)